



# Northern Rockies Illness and Injury Incident Guide

## Introduction

A Finance Section Chief (FSC) or Compensation/Claims Unit Leader (COMP) is expected to adhere to the following regulations and authorities when processing claims for injury, illness or disease.

The Federal Employee's Compensation Act (FECA) authorizes compensation for federal employees, casual hires, and official volunteers and is administered by the Department of Labor (DOL), Office of Workers' Compensation Program (OWCP). <https://www.dol.gov/agencies/owcp/FECA>

The NWCG Standards for Interagency Incident Business Management (SIIBM), paying particular attention to Chapter 10, Compensation for Illness/Injury, and Chapter 50; Cooperative Relations. [Northern Rockies Incident Business Committee](#)

State of Idaho, Montana, and North Dakota illness and injury compensation information can be found in the Northern Rockies Supplements to the SIIBM, [Northern Rockies Incident Business Committee](#). See also Attachment E: Agency Specific Paperwork – All Other Agencies.

- Cooperators provide their own workers' compensation insurance issued by their state/county/city.
- Contract employees are responsible for their own workers' compensation insurance.

## Forms – See Attachment A: Guide to Injury and Illness Forms

Only current forms should be used. Only the Finance Section Chief (FSC) or Compensation Unit Leader (COMP), can issue a CA-16 (authorization for payment) for a traumatic injury, [CA-1](#). A CA-16 should never be issued for an occupational illness, [CA-2](#).

The Albuquerque Service Center, ASC, may also issue a CA-16 for Forest Service employees. See Attachment D for Forest Service employees and sponsored AD Casual Employees. Call ASC regarding Forest Service employees during business hours; otherwise consult the incident FSC or COMP.

Do not use OWCP forms for cooperators, unless specifically directed to do so by their agency (such as a CA-1 for documentation only). Never issue a CA-16 to a non-federal worker (such as a state, city, county, or contract employee).

Agency Administrators or Host Agencies can request that a FSC or COMP respond to all medical incidents including those involving contractors.

Agency Administrators or Host Agencies may request that a Hospital Liaison be assigned or made available to an incident. The Hospital Liaison does not negate the need for Comp/Claims or local support for the employee. The Hospital Liaison reports to the Agency Administrator or Line Officer (or designee) of the host unit.

Finance Sections Chiefs and COMP do not have the authority to deny requests for medical treatment to employees if an injury is appropriately reported.

*HIPPA Disclosure: (I) Standard: Disclosures for workers' compensation:*

HIPPA Disclosure: (1) Standard: A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault. (45 CFR & 164.512(I)).

## Incident Preparation

### APMC

Discuss with the Finance Section Chief whether Agency Provided Medical Care (APMC) has been authorized for the incident and, if it has been authorized, coordinate payments with the appropriate source (Procurement Team – i.e. EPSO/IRIS/AIMS, Procurement Unit, Home Unit, etc.).

Contact the Medical Unit Leader, the local clinic/hospital billing staff, and the local pharmacy to exchange information. Do not wait until an injury or illness is presented.

Ensure there are ample copies of the correct versions of forms available (see Attachment A).

Set up Incident Illness/Injury/APMC log (Attachment B) with incident specific information. Be sensitive regarding what is entered into the log (home unit address rather than personal addresses). Delete the patient names prior to transition to another team or back to the incident agency.

*Note: Attachment C is an optional form that may be useful in tracking information for injured employees.*

## Traumatic Injuries and Notifications

Traumatic Injuries are defined as wounds or other conditions of the body caused by external force, including stress or strain. They must be identifiable by time and place of occurrence and caused by a specific event or events within a single shift (for unknown origins see "Occupational Disease/Illness").

Employees are responsible for notifying their on-site supervisor within one workday of an injury and for the entry of the incident into their agency's injury recording system (eSafety for the Forest Service; SMIS for DOI) within 48 hours, including approval of the CA-1 or CA-2 by the home unit supervisor. Claims will not be delivered to the Department of Labor until they are approved by that supervisor.

Hard copy claims can be filled out and entered into the system of record by the supervisor or proxy, but these systems require the signature of the employee on either the hard copy or electronic copy. (See Attachment D for Forest Service specifics.)

**FECA requires employees to report the injury within 30 days from the date of injury to retain eligibility for continuation of pay (COP) benefits.**

### Forms associated with traumatic injuries:

- Reporting Only – Notice of Traumatic Injury (CA-1).
- Received First Aid (on-site) only – Notice of Traumatic Injury (CA-1).
- Received Medical Treatment – Notice of Traumatic Injury (CA-1); Auth. for Treatment (CA-16).

### Issuing an Authorization for Examination/Treatment (CA-16):

- A CA-16 should never be issued for an occupational illness.
- See Attachment D before issuing a CA-16 for Forest Service employees and sponsored Casuals.
- A CA-16 is valid for treatment no later than 7 days after initial report of injury.

### Ask the following questions before issuing a CA16.

*See also Attachment C: Employee Injury Checklist.*

1. What is the patient's name?
2. What is the nature of the injury or illness?
3. What is the date of injury?
4. What is the patient's occupation?
5. To what facility are they being taken?
6. What is the patient's agency and home unit?

### Fill out the front page of the CA-16:

- Block #1 can be found on the ICS-206 Medical Plan in the Incident Action Plan or ask the Medical Unit.
- Block #3 is the date of the actual injury and not the date they report it or receive medical care.
- Block #4 is the patient's regular title, i.e. Forestry Technician. For ADs use their incident position title.
- Block #7 should be "N/A" as a CA-16 cannot be issued for an illness.
- Block #12 is the OWCP Billing Office:

**US Department of Labor, DFEC Central Mailroom**

**P.O. Box 8300**

**London, KY 40742-8300**

- Block #13 is the name and address of the home unit. For all Forest Service patients (including FS sponsored casualties) use the following address:

**US Forest Service, US Dept of Agriculture  
Albuquerque Service Center Mail Stop 326  
4000 Masthead St. NE, Albuquerque, NM 87109**

Instruct the patient (and/or Medical Unit personnel providing transport) to not give the medical facility a personal health insurance card. Unfortunately, due to most hospital billing system's payment priorities, there have been numerous times an employee's personal health insurance was billed instead of OWCP.

**Instruct the patient and/or doctor to fill out the second page of the CA-16, Attending Physician Report. The medical facility may make any copies; however, the original CA-16 should be returned to the incident with the patient.**

For catastrophic or serious injuries, such as burns or multiple broken bones, call the home unit injury specialist (Safety Officer or ASC for Forest Service employees 1-877-372-7248 option 2) as soon as all official notifications have been made to discuss the next actions to be taken so that the transition from the incident to the agency will flow smoothly without interruption for the patient. Attachment F lists the Red Book Burn Protocols.

If the medical facility is not familiar with the OWCP billing, explain that they need to submit with their billing a copy of the CA-16. The facility will send charges for your services to the DOL (address below) on an AMA standard **Health Insurance Claim Form** (HCFA-1500, OWCP-1500, OWCP-04 or the UB-04). Physician services must be itemized by Current Procedural Terminology Code (CPT) using current CPT-4 coding schema; or, the UB-04 and the coding schemas acceptable on this form. OWCP's billing address is:

**US Department of Labor, DFEC Central Mailroom  
P.O. Box 8300  
London, KY 40742-8300**

Additional information for medical providers can be found in Attachment G.

After the patient returns from the medical facility, review the second page of the CA-16 to ensure completeness and ensure a CA-1 Notice of Traumatic Injury has been filled out by the patient, witness (if applicable) and supervisor. This may take additional time due to the location of the incident supervisor and/or the condition of the patient.

If the patient needs a prescription, utilize local pharmacies, and explain that it is a DOL, Office of Workers' Compensation Claim and to bill directly using DOL, OWCP, Division of Federal Employees Compensation (DFEC) fee schedules (most large chain pharmacies know this process). If the pharmacy is not enrolled with DFEC, they should contact DOL, Affiliated Computer Service (ACS) <https://owcpmed.dol.gov/> (See Attachment G.)

If a pharmacy will not accept ACS, the employee can either personally pay for the prescription, or it may be purchased by the government using a commissary deduction on the OF-288. The employee can later claim reimbursement of the expense from OWCP on form OWCP-915. Do not use agency charge cards to pay for OWCP bills unless a commissary deduction is made.

For agency specific direction for paperwork (including timeframes) see Attachments D and E.

If the resource was transported to the hospital via air or ground ambulance, the optional Justification for Medical Evacuation Form can assist the injured employee with documenting the rationale for the necessity of the use of the ambulance for workers' compensation reimbursement or payment(s). The form can be found in the Personnel section at: [Northern Rockies Incident Business Committee](#).

If there is continued paperwork of COP to be applied to the patient's time, work with the Time Unit Leader to post it correctly and attach the sealed file with the forms to their time file (for return to the home unit on demobilization). Refer to Chapter 10 of the SIIBM for additional direction on COP.

If the injury is serious and/or requires continuing medical care and the patient has been released from the hospital, generally return the injured patient to the home unit as soon as practical for continued medical treatment by their primary physician.

Inform the employee that they have the right to choose a physician and the emergency care provider does not count as a first choice. After the initial choice, they must have prior OWCP approval to switch physicians.

Any future expenses, such as travel or prescriptions, may be reimbursed by OWCP (after the employee receives their OWCP claim number) by using form OWCP-915. Reimbursement may take 8-12 weeks.

Complete the Incident Illness/Injury/APMC log after each report or at least daily.

## Occupational Disease/Illness

Occupational disease is defined as a condition produced by the work environment over a period longer than a single shift. It may result from a system infection, repeated stress or strain, exposure to toxins, poisons or fumes, unknown origins, or other continuing conditions from the work environment. Examples include smoke inhalation, carpal tunnel, etc.

Forms associated with occupational illness:

- Reporting Only – Notice of Occupational Disease (CA-2).
- Received Medical Treatment – Notice of Occupational Disease (CA-2).

OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of the treatment and can file a claim for reimbursement using a CA-2, Notice of Occupational Disease.

Provide the employee with the appropriate forms (listed above) for their claim.

Complete page 3 of the CA-2 Receipt of Notice and return to the employee. See Attachments D and E for agency specific paperwork directions.

Complete the Incident Illness/Injury/APMC log after each report or at least daily.

### *Covid-19 Claims*

Specific information regarding Covid-19 claims for Federal workers can be found at <https://www.dol.gov/agencies/owcp/FECA/InfoFECACoverageCoronavirus>

For State employees, and cooperators, consult on a case-by-case basis according to agency directives.

### *Agency Provided Medical Care (APMC)*

[FS-6100-16](#) is the authorization form for APMC medical care, typically first aid treatment of some federal, state, and local personnel only. First Aid does not include medical treatment for cuts requiring stitches, X-rays, MRIs or burn treatment, or treatment involving lost time or follow-up treatment, etc. It is used when the agency anticipates that merely a single trip to the medical provider or possibly a single recheck during off-duty hours will be needed. It can only be used while the employee remains at the site of the incident and they are not entitled to lost time benefits, such as sick leave, annual leave, or continuation of pay. More information on APMC can be found in the SIIBM, Chapter 10.

Before using APMC, ensure that the host unit has authorized its use by checking with the Finance Section Chief, Incident Business Advisor, or Agency Administrator.

APMC is not to interfere with employee's rights under OWCP for treatment of work-related injuries and illnesses. It may be disadvantageous to the employee and they must be counselled on their options. Federal employees do not have a right to treatment under APMC as they do with OWCP cases.

Ensure the use of APMC for illnesses is appropriate, such as first aid treatment of respiratory infections, colds, sore throats, and similar conditions associated with exposure to smoke, dust, and weather conditions and only used to relieve suffering. It is not intended for dental work or non-work-related injuries or illnesses.

Issue the APMC Authorization and Medical Report, form FS-6100-16. Fill out the Part A "Authorization." Have the doctor fill out the Part B "Report," and instruct the medical facility to return the original with the patient.

Assign a medical resource request number (M#) in sequential order using the incident Illness/Injury/APMC log. Record the M# on the APMC form and all associated medical expenses and write "Paid by APMC" on all documents once payment has been made. (M#s are only issued for APMC and not for OWCP cases).

If you do not have purchasing authority coordinate with the Finance Section Chief, Procurement Team such as EPSO/IRIS/AIMS, or local purchasing agents to make payments. Anyone making APMC purchases will need all original receipts and any additional documentation for their credit card adjudication.

## Continuation of Pay (COP)

If the employee files a CA-1 within 30 days of the date of injury, seeks medical attention, and the claim is accepted by OWCP, the employee is entitled to a maximum of 45 calendar days of continued pay. This leave is used to attend physician and physical therapy appointments, surgical procedures, or while on total or partial disability, per the physician’s orders. COP is paid at the employee’s regular salary rate. COP policy is found in Chapter 10 of the SIIBM. “COP is available for a maximum of 45 calendar days and begins with the first day or shift of disability or medical treatment after the date of injury, provided the absence starts within 45 days after the injury. The individual is responsible to coordinate with their home unit for specific direction (20 CFR, Subpart 40 B, 10.200 — 10.224; OWCP Publication CA-810, 5-1).” Time loss due to an injury after expiration of COP can be charged to the employee’s sick or annual leave or leave without pay. The Time Unit will document COP on the employee’s OF-288 and the home unit will post the COP per their pay policies. If an employee uses COP for any part of a day, it is counted as one full day of COP.

Casuals/ADs who sustain a traumatic injury are entitled to COP. For casuals, COP ends when the casual leaves the incident, the original length of commitment ends, or when the casual is released back to full duty. Casuals should not be kept on the incident if they are not able to work. The home unit may require a written statement from the incident supervisor verifying when the job would have normally ended.

## Recurring Illness/Injury

If the illness or injury reoccurs after being submitted to OWCP, the patient should call their OWCP assigned contact (with their OWCP claim number) to gain authorization for treatment. If it is an emergency, the incident must ensure the patient receives appropriate treatment, but do not issue a CA-16 authorization to the clinic or hospital.

## Interactions with the INBA

The Incident Business Advisor (INBA) must be informed of all illness and injury trends, serious accidents, and fatalities in an appropriate, timely manner. Less serious illnesses and injuries should be included in a daily summary (written or verbally) and should be discussed during in-briefs and transitions.

Figure 1 The following table lists types of Injuries and Illnesses and the associated forms.

Type of Illness/Injury	CA-1	CA-16	CA-2	FS-6100-16
<b>Traumatic Injury, No Medical Treatment or on-Site First Aid only</b>	<b>X</b>			
<b>Traumatic Injury, Medical Treatment</b>	<b>X</b>	<b>X</b>		<b>Only if APMC is Authorized By Agency</b>
<b>Exposure Incident (reporting only)</b>			<b>X</b>	
<b>Occupational Illness/Disease</b>			<b>X</b>	

## Attachment A: Guide to Illness and Injury Forms Purpose, Responsibilities and Filing Instructions:

Figure 2 This table lists the Illness and Injury forms with details about situations appropriate for use.

<p>CA-1 Notice of Traumatic Injury (current version Oct 2018)</p>	<p>Use if injury occurred within one shift. Employee and witness complete side one and submit to supervisor to complete side two. Submit to Comp, Home Unit and Agency notification system. If Forest Service, follow USFS process.</p>
<p>CA-16 Authorization for Examination/Treatment (current version Feb 2005) New form expected in 2026.</p>	<p>Authorizes payment for initial medical treatment for Traumatic Injury only; issued by authorized personnel on the incident, i.e. the FSC or COMP, or through regular agency procedures. <b>DO NOT USE FOR ILLNESS.</b> The <b>back side of the CA-16, Attending Physician’s Report</b>, must be signed or counter-signed by an M.D. or D.O. and submitted to the Comp, Home Unit, and Agency notification system. If Forest Service, follow USFS process.</p>
<p>CA-2 Notice of Occupational Disease (current version Oct. 2018)</p>	<p>Use if illness occurred over longer than one work shift, or if cause is unknown. Employee and supervisor complete and the supervisor submits to Home Unit and Agency notification system and to COMP. If Forest Service, follow USFS process.</p>
<p>FS-6100-16 APMC Authorization and Medical Report (current version March 1988) – see NWCG SIIBM.</p>	<p>Authorizes initial medical expense, documents initial diagnosis. Use only if authorized by the host agency. Requires Resource Order, and M number.</p>
<p>Agency Reporting System (eSafety, SMIS, etc)</p>	<p>Supervisor enters information into the system within five days of the date of injury/illness (within 48 hours is the agency expectation)</p>

## Attachment B: Injury Illness Log Example

Figure 3. The Illness, Injury, and APMC log is used by the FSC or COMP to track medical incidents but contains no personal information. Contains an M number, Report date, Illness/Injury date, Home Unit name and address, Nature of illness/injury, form name, and Remarks.

### Attachment B: Injury/Illness Log Example

INJURY, ILLNESS & AGENCY PROVIDED MEDICAL CARE (APMC) TREATMENT LOG										
INCIDENT NAME: Mountain Fire		INCIDENT#: MT-BOF-000001		FIRE CODE: 001A DATES: 08/30-07/09/2022						
M#*	Report Date	Illness/Injury Date	Home Unit Name & Address	Nature of Injury/Illness	Treatment	CA-1	CA-2	CA-18	APMC/ Other	Disposition/Remarks
	07/09/22	07/09/22	Boise Hot Shots, Boise NF 1249 S. Windell Way, Suite 200 Boise, ID 83709	1" laceration to right knee	Transported to clinic, 3 stitches, bet anasthet and antibiotic fix	X		X		CA-1 and 18 entered into easily. Contact made with ASC. Need follow up to remove stitches in 5-7 days.
M-1*	07/06/22	07/06/22	Payette Rogglars, Payette NF 800 W. Lakeside Ave. McCall, ID 83638 208-634-0700	Camp crud with fever, sore throat and cough	Transported to clinic, cough spray fix		X		APMC	Light duty for 28 hours. Clinic visit and fix paid with APMC by buying Team member, Jan Doe on CC.
	07/07/22	07/07/22	Twin Falls District BLM 2536 Kimberly Road Twin Falls, ID. 83308 208- 736-2350	Stomach cramps, nausea and vomiting	Transported to clinic, IV fluids and 2 fix given		X		CA-35 CA-20 OWCP- 915	All forms completed and faxed to home unit. Clinic visit and fix paid by employee. Demobed home.

\* M#s are only issued for APMC payments and not OWCP cases.

Figure 4. Attachment C is an example of an Employee Injury and Illness Checklist used by FSC or COMP to record employee name, supervisor name, home unit address, phone, type of injury, date and time of injury, medical facility, forms completed and follow-up information. This form is also used by Safety Officers and Hospital Liaisons.

**Employee Injury and Illness Checklist** Date: \_\_\_\_\_

Is this an  Injury or  Illness (Check one) Filed as a  CA-1  CA-2  APMC (Check One)

Name of Injured/III Employee: _____
Fire Assignment: _____
Home Unit: _____
Supervisor's Name & Contact Number: _____
Type of Injury/Illness: _____
Date of Injury/Illness: _____
Air Ambulance Name/Contact#: _____
Ground Ambulance Name/Contact#: _____
Medical Facility Name/Contact#: _____
Pharmacy Name/Contact#: _____
ASC-WC Case Manager Name/Contact#: _____
ASC-WC Case#: _____
Date CA-1/CA-2 & Supporting Documents faxed to ASC-WC: _____



**The Injured/III Employee has received a copy/original of the following:**

- \_\_\_ 1. Completed CA-1/CA-2 w/Fax confirmation sheet
- \_\_\_ 2. CA-16(if applicable)
- \_\_\_ 3. Employee has been counseled as to their responsibilities.
- \_\_\_ 4. A copy of the FSC Employee Injury Checklist (this sheet)

## Attachment D: Agency Specific Paperwork, Forest Service

Questions: If FSC or COMP is not available, call the USDA Forest Service, Albuquerque Service Center, Human Resources Management, Workers Compensation (ASC-HRM-WC), during normal business hours to issue a CA-16, or with any questions, 1-877-372-7248. The Forest Service’s Workers’ Compensation program information can be found at this site: [USFS Workers Compensation](#)

ASC-HRM-WC requires eSafety generated and populated CA-1 or CA-2 forms to be printed, signed, and emailed to [hcm\\_workers\\_compensation@usda.gov](mailto:hcm_workers_compensation@usda.gov) (or faxed to the secure eFAX at 1-866-339-8583). (Currently the eSafety generated forms do not include a signature, therefore the hard copy is required.) This process is required for injuries and illnesses occurring during incident assignments.

The eSafety system requires access to eAuthentication. If medical treatment is authorized on a CA-16, any bills from the medical provider are the employee’s responsibility until a signed, eSafety generated CA-1 or CA-2 is received at ASC-HRM-WC and processed to the Department of Labor.

- Forest Service employees may access eSafety via [ConnectHR](#)

### Employee’s Role

Figure 5. The following table explains various scenarios regarding injured employees and the personnel who will fill out the CA-1 or CA-2 forms with the employee.

Scenario	Process
Injured FS employee has computer and internet access to eAuthentication.	Employee will enter CA-1 or CA-2 data directly into eSafety.
Injured FS employee or FS hired AD does not have computer and internet access to eAuthentication; COMP has computer and internet access to eAuthentication.	COMP or incident supervisor may enter the employee’s portion of the CA-1 or CA-2 into eSafety on behalf of the injured employee by selecting <b>Reporting on Behalf of Someone Else</b> .
Injured FS employee or FS hired AD is not at camp or is otherwise unable to complete eSafety and COMP does have computer and internet access to eAuthentication.	Employee will complete hard copy or form fillable CA-1 or CA-2 and submit to COMP. COMP or incident supervisor may enter the employee’s portion of the CA-1 into eSafety on behalf of the injured employee.
Injured FS employee or FS hired AD and COMP are unable to access a computer, internet, or eAuthentication.	Hard copy or form fillable CA-1 or CA-2 will be completed, signed, and faxed to the injured employee’s home unit for entry into eSafety.

### Forest Service Casual Hire Employees, or ADs

**Supporting information and documents must be uploaded to eSafety or emailed to ASC:**

- AD’s Social Security Number (SSN) and Date of Birth. (DOL requires for processing).
- OF-288, Fire Time Report (even if only a partial time report – add remarks to the OF-288)
- Single Resource Casual Hire Form
- One of the following: Resource Order or Crew Manifest.
- The back of the CA-16 (Physician’s Report) signed by an M.D. or D.O. (if CA-1)

## Supervisor's Role

Figure 6. The following table includes two possible scenarios and explains whether the incident or home unit supervisor, employee, or COMP would be responsible for filling out and submitting the CA-1 and the CA-2 forms in the USFS process.

Scenario	
Incident supervisor is FS employee and has computer and internet access to eAuthentication.	Incident supervisor will complete the supervisory portion of the CA-1 or CA-2 in eSafety, print a hardcopy and employee, supervisor, and witness (if applicable) will sign the document. COMP will fax to secure eFax at 866-339-8583 or scan and email to <a href="mailto:hcm_workers_compensation@usda.gov">hcm_workers_compensation@usda.gov</a> with all supporting documentation.
Incident supervisor is not a FS employee or does not have computer or internet access.	Hardcopy CA-1 or CA-2 is completed and signed at the incident and faxed to the injured employee's home unit supervisor for entry into eSafety. The eSafety generated form must be printed, signed by the home unit supervisor, and faxed to ASC-HRM-WC. (The home unit supervisor is serving as a proxy for the incident supervisor in this scenario and will keep the faxed CA-1 or CA-2 generated at the incident as backup documentation). Upon demobilization of the employee, the CA-1/CA-2 completed at the incident will be sent back with the employee where it will be provided to the home unit supervisor for distribution.

A CA-1 or CA-2 should be completed within 48 hours of the date of injury.

During an incident, only a COMP or FSC can issue a CA-16, and only for a CA-1, Traumatic Injury.

Hospital Liaisons assigned by the Forest Service to an incident do not have authority to issue a CA-16.

The original CA-1 or CA-2 with supporting documentation is retained by the injured employee, including the original CA-16, Authorization for Treatment if issued with a CA-1. Documents will be entered to eSafety either by the FSC, COMP, employee, or home unit supervisor or proxy, as in Table, above.

**Documentation Only** CA-1 or CA-2 will also be entered into eSafety as necessary.

Although there are COMP or Hospital Liaison personnel available to assist on incidents, the ultimate responsibility for eSafety entry remains with the injured employee and their home unit supervisor.

- ASC-HRM-WC Secure eFax – 1-866-339-8583
- ASC-HRM-WC, Secure Inbox/email – [hcm\\_workers\\_compensation@usda.gov](mailto:hcm_workers_compensation@usda.gov)
- ASC-HRM-WC, Help Desk – 1-877-372-7248 (Option 2)
- ASC-HRM - WC - [USFS internal Site](#)
- [ConnectHR](#)

## Attachment E: Agency Specific paperwork – All Other Agencies

### Department of the Interior Bureaus

#### **Bureau of Indian Affairs (BIA), Bureau of Land Management (BLM), Fish & Wildlife Service (FWS), & National Park Service (NPS)**

Within two days of receipt of the CA-1/CA-2, contact the individual's home unit compensation specialist and fax original injury/illness forms, supporting documentation and medical treatment records. Original documents will be sent home with the individual or mailed (via overnight FedEx or UPS) home to the home unit (discuss with the home unit compensation specialist to determine the method).

To determine who to contact at the home unit, ask the employee if they know who handles their workers' compensation (OWCP) cases in their office. If they do not know the answer, then ask for the name of their home unit fire business specialist, human resources specialist, or the administrative officer/office manager name and email or telephone. Those home unit individuals should be able to guide you to the correct person, and if not contact their home unit supervisor. Most DOI employees' email and office telephone numbers are available on the office/unit's online directory if you google search the home unit or contact's name.

Department of Interior employees utilize the SMIS information system to input workers compensation forms or accident reporting forms.

### BLM

Specific information for employees and supervisors can be found in Chapter 4 of the [BLM Standards for Fire Business Management](#).

### Cooperators (Local/rural-City/County)

Cooperators covered under their home unit workers' compensation program, e.g., county, local government experiencing injury or illness on the incident should complete home unit specific forms and notify their home unit of workers' compensation claims per their agency requirements. The COMP maintains injury compensation records and transmits documents to the home unit per cooperator agency policy.

If a cooperator is hired as federal casual, follow FECA or APMC procedures as appropriate. If a cooperator is hired as a state employee, follow state workers' compensation procedures. Federal agencies entering into cooperative agreements do not have the authority to grant FECA coverage to individual cooperators. Some cooperative agreements require reimbursement for medical costs. This should not be interpreted as providing coverage under FECA.

### States

State employees experiencing injury or illness on the incident should complete state specific forms and notify their home unit of workers' compensation claims per agency requirements. If state forms are not available, the employee may use a CA-1 or CA-2 to initially record the necessary information. Federal references should be crossed out and the state name written at the top of the form. The state employee is responsible for contacting the home unit to obtain the proper reporting forms. The COMP maintains

injury compensation records and transmits documents to the home unit per state agency policy. Do NOT issue a CA-16 for medical treatment.

Refer to the appropriate Geographic Area's Chapter 10 or 50 Supplement(s) for state specific information on illness and injury. [Northern Rockies Incident Business](#)

### Agency Specific Paperwork: MT DNRC

All Montana DNRC personnel, including Emergency Fire Fighters (EFFs) must fill out a **DNRC Report of Incident** form for every on-the-job injury. For detailed instructions, see Chapter 10 of the Northern Rockies supplements to the SIIBM. [Northern Rockies Incident Business](#)

### Agency Specific Paperwork: Idaho Department of Lands

Idaho Department of Lands personnel must fill out a **First Report of Injury** form, located on the Incident Business website at [Idaho Department of Lands](#). See Chapter 10 of the Northern Rockies supplements to the SIIBM, [Northern Rockies Incident Business](#).

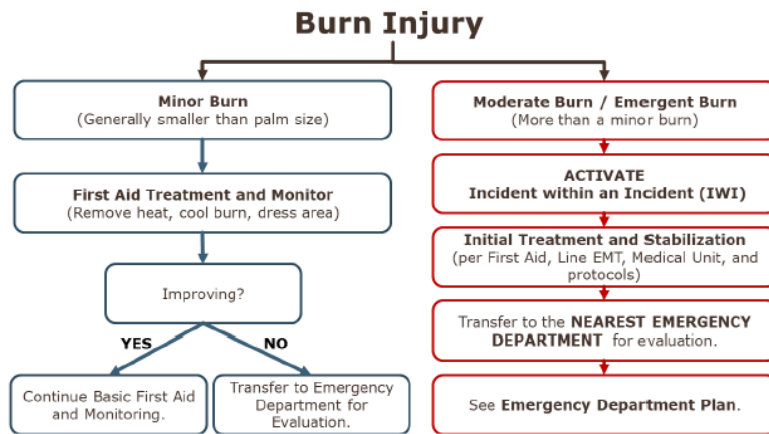
### Agency Specific Paperwork: North Dakota Department of Forestry

All North Dakota State Department of Forestry employees, when injured on incidents, must file a report of injury. See Chapter 10 of the Northern Rockies supplements to SIIBM, [Northern Rockies Incident Business](#).

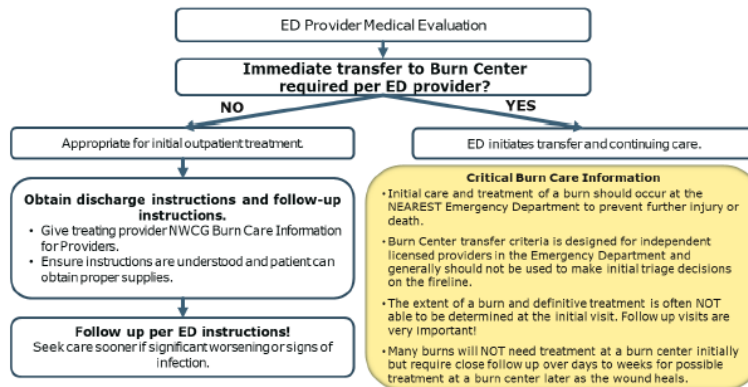
# Attachment F: Red Book Burn Protocols

See Chapter 7 – Safety & Risk Management of The Red Book, Interagency Standards for Fire and Fire Aviation Operations. <https://www.nifc.gov/standards/guides/red-book> and also [NWCG Burn Protocols](#).

Figure 7 The following graphic is from Chapter 7 of the Interagency Fire and Aviation Management Handbook, also known as The Red Book, and shows a flow chart for burn injury diagnosis and treatment protocols.



### Emergency Department (ED) Burn Evaluation



## Attachment G: Information for Medical Providers

Division of Federal Employees' Compensation (DFEC) Information for Medical Providers can be found at: <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/infomedprov>.

### Must I enroll as a Provider?

To be paid for treating federal employees covered by the FECA, you must enroll. AS of March 31, 2004, all bills submitted by unenrolled Providers will be returned along with instructions on how to enroll. Enrollment is free and is simply a registration process to ensure proper payments. It is not a PPO enrollment.

### How do I enroll as a Provider?

To enroll, please complete and submit the [Provider Welcome Letter \(OWCP-1168\)](#). Additional information on provider enrollment is available on the [OWCP Web Bill Processing Portal](#).

### I have enrolled as a Provider. How do I register to use the web portal?

Go to the [Portal](#). Click on “Provider” in the FECA section. Then click on “Web Registration” and follow the instructions. If you try this and have questions, need technical support, or require additional assistance, call the Health Care Solutions Operations Center Helpdesk at 1-800-461-7485 or 1-850-558-1775.

### Do I have to enroll as a provider to use the web portal?

To use the on-line authorization bill status, and payment status functions, a provider must enroll and must register to use the web portal. Both enrollment and web registration can be accomplished on the [Portal](#).

### How do I find out if a prior authorization is required?

Whenever you treat an Injured Worker, check the [OWCP Web Bill Processing Portal](#).

Level 1 procedures (for example, office visits, MRIs without contrast, and some other routine diagnostic tests) do not require authorization. If you need a hard copy confirmation of this, complete an online authorization request on the Portal and print the message displayed after the request is submitted. Level 2, 3 and 4 procedures require authorization. These authorization requests can be made on the Portal or by faxing a completed authorization request and supporting documentation to 800-215-4901. The Medical Authorization forms are available on the Portal. Click on Resources – “Forms and References” and then choose DFEC. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. These forms request the specific information needed to process each type of authorization request.

### How do I make medical authorization requests?

You may request authorization on the [OWCP Web Bill Processing Portal](#). Or you may fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Medical Authorization forms are available on the Portal. Click on Resources – “Forms and References” and then choose DFEC. . Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations.

## I have an Injured Worker who has a CA-16 but no claim number. How do I request an authorization?

CA-16s are issued by Employing Agencies to Injured Workers so they can seek immediate medical care. When there is a CA-16, NO authorization is needed for office visits and consultations, labs, hospital services (including inpatient), X-rays (including MRI and CT scan), physical therapy, and Emergency services (including surgery) related to the work injury. You must enroll as a Provider to be paid for services provided under a CA-16. The CA-16 DOES NOT cover non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym memberships, and work hardening programs. Authorization for these services cannot be requested until a claim number has been established.

## I'm a specialist to whom an Injured Worker has been referred for a consultation. Do I need an authorization?

An authorization is not required when an Injured Worker is referred by her/his treating physician to a specialist for a consultation. However, you must be enrolled as a Provider to be paid for the consultation visit.

## I've tried to use the eligibility inquiry, but I get a message that the service requested isn't covered for the accepted conditions. What do I do?

Request authorization on the OWCP Web Bill Processing Portal or fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Claims Examiner will determine if the claim can be expanded for a new condition based on information in the file and information submitted with the request or if additional development is needed.

## I want to prescribe a particular medication for a patient. It's not covered for the conditions accepted on the claim. What do I do?

If you believe a medication is necessary for the treatment of the injured worker's accepted conditions, please submit medical documentation for review by the Claims Examiner. As is the case with anything sent to OWCP, please be sure to include the injured worker's claim, case number on every page. Please mail all documentation to U.S. Department of Labor, OWCP/DFEC, P.O. Box 34450, San Antonio, TX 78265.

## How do I know what the accepted conditions are for a claim?

This information is available on the [OWCP Web Bill Processing Portal](#).

## My patient thinks that other diagnoses need to be added as accepted conditions on a claim. What should I do?

If an injured worker believes that additional or different conditions warrant acceptance on her/his claims, s/he needs to submit to OWCP medical documentation supporting expansion of the claim for review by the Claims Examiner. As is the case with anything sent to OWCP, this medical documentation should include the injured worker's claim/case number on every page and should be mailed to U.S. Department of Labor, OWCP/DFEC, P.O. Box 34450, San Antonio, TX 78265.

## How do I learn the status of a medical authorization request?

Injured Workers and Providers can check on the status of medical authorizations on the [OWCP Web Bill Processing Portal](#). To speak with a Customer Service Representative regarding an authorization, you may call 844-493-1966, toll free. This number is available Monday to Friday, 8am to 8pm, EST.

## How do I learn the status of a bill or claim for reimbursement?

Injured Workers, Providers, and Employing Agencies can check on the status of bills and reimbursements on the OWCP Web Bill Processing Portal. To speak with a Customer Service Representative regarding a bill or reimbursement, you may call 844-493-1966, toll free. This number is available Monday to Friday, 8am to 8pm, EST.

## Can I bill electronically?

Yes! Using Electronic Data Interchange (EDI) has many benefits including:

- Fast payment of claims – clean bills are processed in an average of 14 days or less.
- Increased efficiency – greatly reduces keying errors or data omissions.
- Transmission of bills 24 hours/day, 7 days/week.
- Reduced cost and time of preparing and mailing paper claims.
- No lost bills.
- Ability to send claims in the X12N HIPPA standard.

Information about this option is available through EDI Solutions online or by calling the EDI Technical Support line at 800-987-6717.

## I think I might need some help in using the web portal. Do you have some instructions or a user manual?

Yes. Go to the Portal and click on the Help link.

## If OWCP authorizes a medical service as related to the FECA claim but does not pay my submitted bill in full, can I seek additional payment from the injured worker for the difference between what was billed and what OWCP paid?

No, you may not seek additional payment. If an authorized service has been rendered for the injured worker's accepted work-related condition, he or she is not responsible for charges over the maximum allowed in the OWCP fee schedule or other tests for reasonableness. 20 C.F.R. 10.801 (d) provides that by submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and was necessary. In addition, the provider thereby agrees to comply with all regulations concerning the rendering for treatment and/or the process for seeking reimbursement for medical services, including the limitation imposed on the amount to be paid for such services. Therefore, if your bill is reduced by OWCP in accordance with its fee schedule, you may not charge the injured worker for the remainder of the bill. See also 20 CFR 10.813 and 10.815 (h).

## What is the Fee Schedule and how do I get a copy?

The Federal Fee Schedule is applied to medical bills and to some durable medical equipment bills. Access the Federal Fee Schedule free on the [OWCP Fee Schedule page](#).

## Where do I send mail?

Send all bills for Federal workers compensation cases to:

U.S. Department of Labor

OWCP/DFEC

P.O. Box 8300

London, KY 40742-8300

Please be sure to include the claim number on every page you send.